TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays—orden papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in day event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1186	1		CERTIF	ICATE	OF DEATH			1	1855	WINDER 24 HRS. HOURS Min. HAT AL BETWEEN AND DEATH (State) (State)
1.	PLACE OF DEATH o. COUNTY	. MARYS		MARY	YLAND	2. USUAL RESIDENCE o. STATE	Where decease	ed lived, if institu b. COL	INITY	MARY 8	
	b. CITY OR TOWN	(If outside corporate limit d give nearest town)	5,	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (If o	utside corporot	e limits, write Rl	JRAL ond give no	eorest town)	
		VARDTOWN		6 DAYS		RURAL ME	DLEY 16	NECK,	LEONARI		
0	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospitol, (give street oddress)		d. STREET ADDRESS			18-1	ON A FA	RM?
3.	NAME OF	F	rst	Middle		Lost	4. DATE	Mor	nth	Doy Yea	r
390	(Type or print)	ROBERT		MILLER	Take.	BEALL	OF DEATH	Augus			
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH 18	888 9.	AGE (In years lost birthdoy)	Months D		
	MALE	WHITE	WIDOWED	DIVORCE		Nov. 26. 1885		77 yrs.			141111.
	o. USUAL OCCUPATIO uring most of working MOLDE		IN	IND OF BUSINESS DR IDUSTRY		11. BIRTHPLACE (Count		eign country)	12. CITIZE COUN U.S		
13	3. FATHER'S NAME	- 1	INAV	Y TARD	17.3	14. MOTHER'S MAIDEN		RYLAND	1 0.0	47.4	
7		Ename Ocali				ALICE	/ 1011	•			
1 (S. WAS DECEASED EV	FRANK BEALL ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.	1	NFORMANT		Add	2 ABOV	F	
Noin	Conditions, if one nise to immedia stoting the undulast. PART II. OTHER S	te couse (o),	(c)	TO DEATH BUT NOT REL	LATED TO 1	THE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART I(o)	か	19. WAS AUTO PERFORME	
MEDICAL CERTIFICATION	20o. ACCIDENT WA	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	ESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port 1 or Port	II of item 18.)		YES	NO Z
MEDICAL	р.	IURY Month, Doy, Yeor .m. 19	While of wor	k ot work	foct	CE OF INJURY (Home, far ory, street, office bldg., etc		(City or town)	(Count	r) (!	Stote)
	saw the o	ify that (1) (this he deceased alive on	spita) atten	ded the deceased	fram_ and tha	t death accurred a	19 64 N	, fram cayses		date stated	
	22o. SIGNATURE	JOS IT	100	NOS	M.I.		MED. DIRECTOR	STAFF PHYS.	22b. DATE	20/6/	,
1	22c. PHYSICIAN NAME (Type		FENW CH				NARDTON	N, MARY		/ -	
	30. BURIAL, CREMATI REMOVAL (Specif BURIAL	Aug.2	1./			CHAPEL	MED	CATION (City or T	ECK M	MARYL	tote)
10	24. FUNERAL DIRECT	OR		ADDRESS		2So. REG	D BY REGISTR	AR 2Sb. I	REGISTRAR'S SIGN	NATURE	
SA.	W. CLARKE	MATTINGLEY	LEONA	ROTOWN. MA	ARYLA	NO DATE	UG 22	1966	yellan	en Jud	gr.

VR A15 (4) 20 M 1/66

Poge 4 may be retoined by the hospitol or ottending physician.

LICAN LANGUE CANDELLE CANDELLE

A MARKET WATER BOOK TO THE TENTON OF THE PROPERTY OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11956

		11862	,		CEKI	FICAL	UF DEATH			1.3	ron.	U
) 1.		ACE OF DEATH	ST.MARYS	394	MA	RYLAND	2. USUAL RESIDENCE o. STATE	(Where deceosed	lived, if institu b. COU	JNTY	e before o	
1-	h	CITY OR TOWN (If outside corporate lim	its	c. LENGTH OF STA		c. CITY OR TOWN (If o		limits write Pl	IPAL and give	pegrest to	D nwn
		LEONARD	If outside corporate limit dive nearest town)	,	C. ELNOTH OF STA	111 10	DAME		RAL)	DKAL ONG GIVE	/ 8	1
	d.	NAME OF HOSPIT	AL OR INSTITUTION (IF	nat in haspital,	give street oddress)		d. STREET ADDRESS			ACIDIS	e. IS	S RESIDENCE ON A FARM?
6			RYS HOSPIT	AL								NO [
3.		AME OF		First	Middle		Lost	4. DATE	Moi	nth	Doy	Year
	(1	ype or print)	JOHN	ALI	EXANDER	E	BISCOE	OF DEATH	AUG.		19	1966
S.	. SI	X	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED	8. DATE OF BIRTH	9. A	GE (In yeors	IF UNDER 1	YEAR IF	UNDER 24 HRS.
L	1	MALE	NEGRO	WIDOWED		ED .	9/13/1885	8	ost birthdoy) yrs.		,	lours Min.
10 di	0o. I urin	USUAL OCCUPATION g most of working FARM I	N (Give kind of work don life, even if retired) LNG	e 10b. K	IND OF BUSINESS OR ADUSTRY		11. BIRTHPLACE (Count		n country)	12. CITI COU	ZEN OF WI INTRY? USA	TAH
1	3.	ATHER'S NAME					14. MOTHER'S MAIDEN					
		WIL	L BISCOR				UNI	CNOWN				
1	S.		R IN U.S. ARMED FORCES (If yes give wor or dote:	? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress		
1	y es,	NO	(If yes give wor or dote:		213 38 262) N	IRS.MARIE C.	BISCOR	- DA	MERON .	d TM	
F			EATH (Enter only one of				10	1020001				AL BETWEEN
		PART I. DEAT	TH WAS CAUSED BY:		Pardiec	Vai	lure				ONSET	AND DEATH
	1	443 x	IMMEDIATE CAUS	IE TO	1	0						
		Conditions, if ony,		(b) A	nbesten	- Oh	mice My	redet				
1		rise to immediat		IE TO	11		war may					
		stoting the under	rlying couse	(c)	1'		/			6 10		
		and through	GNIFICANT CONDITIONS		TO DEATH BUT NOT R	FLATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN I	N PART 1(a)	1	19. W	S AUTOPSY
CERTIFICATION		rans in other si	ominerati conditions	COMMISSION	TO DENTIL DOT NOT A		THE PERMITTE DISEASE CO	MOTITOR OTTER			YES	S AUTOPSY RFORMED? NO
FICA	-	20o. ACCIDENT WAS	S LINDERLYING [7]	20h D	ESCRIBE HOW INJURY	OCCURRED	(Enter noture of injury in	Port Lor Port II	of item 18)		1 765	
FRT		OR CONTRIBUTING	CAUSE OF DEATH	200.0	ESCHISE HOTE INSOM	000000000000000000000000000000000000000	(Lines notice of injer, in	7 017 1 017 017 11	0			
			MEDICAL EXAMINER) URY Month, Doy, Year	204	NJURY OCCURRED	T 20a PLA	CE OF INJURY (Home, for	m. 20f. (C	(ity or town)	(Cour	ntv)	(Stote)
MFDICAL		Hour o.r	m.	While	Not While		ory, street, office bldg., etc		, 01 104111)	(000)	1)	(31016)
~	-	p.r		01 1101		1	10 / 11/	10/1/	March	10/	/ 11	(I) () 1
	1	21. I certi	fy that (1) (this ha	ispital) after	ided the decease	d fram_	t death accurred a		etal!			(I) (we) las
	ŀ	220. SIGNATURE		7	112146~	, and ma	i dedici dccurred d	m,	ramiteanses		TE SIGNED	Talea abave
	1	ZZO. SIGNATURE	10 Vac. C.	92	enmea	M.	ATTENDING	MED. DIRECTOR	STAFF C			
	ŀ	22c. PHYSICIAN'S	Craces	194	entre	M.	D. PHYS. L. 22d. ADDRESS	DIKECTOR L	J PHYS. L	-1 8/	20/66)
	1	NAME (Type)		GREENW	ELL M.D.			CONARDTO	WN MD.			
-	20	BURIAL, CREMATIC			23c. NAME OF CE	METERY OF			ION (City or T	own) /	County)	(Stote)
4.	30.	REMOVAL (Specify	ZSD. DATE I								codiny)	(21018)
1	24	FUNERAL DIRECTO		1.00	ADDRESS	MUNKS	CEWETERY 250 REC	D. BY_REGISTRAR		RYLAND REGISTRAR'S SIG	SNATURE	
1	10		VELCH - LEX					AUG 24	1966	Jelian		
17		JOHN M.W	VELCH - LEC	MARDTO	MN.MD.		DATE "		1000	1 man	CRY !	udar

00611		20011	
W. W. T.	(1) mail asserts		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Besidence hofore admission) a. COUNTY b. COUNTY a. STATE after by the f Pages 1 urs after MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b CLITY/OR TOWN (If outside/corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 72 hours hours d filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completely i 3. NAME DF 4. DATE Month Day First Middle Last DECEASED event, DEATH 1966 (Type or print) Buckler executed 5. SEX 6. COLOR OR RACE AGE (In years last birthday) IFUNDER 1 YEAR IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED emove Months Days Hours any and WIDOWED DIVORCED please re-10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) COUNTRY? certificate be and dymer 13. FATHER'S NAME MOTHER'S MAIDEN remova 221 Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. FUNERAL DIRECTOR: After this certificate has been signed by the atten irector, page 3 should be detached for use as the burial-transit permit. hould be filed with the State Dept. of Health prior to burial, cremation, or i ha death (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO stating underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO Z YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury ly Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 120e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from _M, from the causes and on the date stated above. saw the deceased alive on. 1966, and that death occurred at DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may director, per PHYSICIAN'S 22c. NAME (Type) an BURIAL, CREMATION, 23c. CEMETERY OR CREMATORY 23d. (City, town or county) 2 REMOVAL (Specify) d 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

D RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH Division of STATISTICAL RESEARCH AND RECORDS,

11864

11858

	PLACE OF DEATH a. COUNTY ST.	MARYS			MARYLAN	D	2. USUAL RESIDENCE (W o. STATE MARYLAN		ed lived, if instituti b. COUN	ITY	e before MARY		n)
	write RURAL on	If outside corporate limit d give nearest tawn) echanicsvil		c. LE	NGTH OF STAY IN 16		c. CITY OR TOWN (If our		te limits, write RUR	AL ond give			1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n		aspital, give str	reet address)		d. STREET ADDRESS	- MEC	MARIOSVI	TITIE		ON A FA	RM?
	at h										YE	ES	NO.
	NAME OF DECEASED (Type or print)	THOMAS	rst		Middle W	BUT	Last PLER	4. DATE OF DEATH	AUGUST		Day	19 G	
S.	SEX MALE	6. COLOR OR RACE NEGRO		ARRIED K	NEVER MARRIED DIVORCED	8.	AUG. ? 188	10.00	AGE (In years last birthday)	Months 1	Days Days	Hours Hours	Min.
10a duri	USUAL OCCUPATION	(Give kind af work done life, even if retired)		10b. KIND OF INDUSTR			11. BIRTHPLACE (County MARYLA)	& State, or for		COL	IZEN OF V JNTRY? USA	WHAT	
13.	FATHER'S NAME						14. MOTHER'S MAIDEN N	IAME					
	BE	N DAVIS					LTZ	ZIE CO	LE				
		R IN U.S. ARMED FORCES? (If yes give war or dates of WW LL		(e) 16. SOCIAL 579	SECURITY NO. 32 3972A		FORMANT		Addre CHAPTICO		LAND		
	Canditions, if any rise to immediat stating the unde last.	e couse (o),	(b)										
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIE	BUTING TO DEA	TH BUT NOT RELATED	TO TH	IE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)		19. V P YES	VAS AUTO PERFORME	PSY D? NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		205. DESCRIBE	HOW INJURY OCCUR	RRED. (E	nter nature of injury in f	Port I ar Part	t II af item 18.)		16.1		
MEDICA	20c. TIME OF INJ Hour o.i p.i	10		20d. INJURY While at wark	OCCURRED 20e Not While at wark		OF INJURY (Hame, farm y, street, office bldg., etc.)	, 20f.	(City ar town)	(Cou	nty)		State)
	sow the d	fy that (1) (this be- eceosed alive or	pital)	attended t	he deceased fra 19 66 _, and	m_y I tikkert	death occurred of		a Chris II I, fram causes	and on th		stated	we) lo l abov
	220. SIGNATURE	Lay Fre	y.	Ther		M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		TE SIGNEI		
	22c. PHYSICIAN'S NAME (Type	J.ROY GUYT	HER	M.D.			22d. ADDRESS MECHAN	ICSVI	LLE, MARY	LAND			
230	BURIAL, CREMATION REMOVAL (Specify BURIAL:	8/16/			NAME OF CEMETER'ST.JOSEPH		CEMETERY	MO	RGANZA M	ARYLAN			tate)
24	TOHN M	11.11886	NAT	NAOLOGO	ADDRESS MTD		27AURS D	BY REGISTR	966 25 year	GISTRAR'S SI	SNATURE	ye.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

e 1 6 7			20811	
			reak.	
	No.			
ALCOHOLD IN LAND				
	Well the Thirty		A STATE OF THE STA	
,	Later - marrie arthrogr	And so the	II m	
Maria de la companya				
			The Control of the Co	
	in a service develop			
		4 4		

61	MA	,	COOT	N OF STATISTIC		YLAND STATE D				E 1 MAD	VIAND
The state of the s	VX		Item #23	c Film#G381	10/14	CERTIFICA			I, DALITHOR	1, 100	1859
24 hours after death filled in by the funeral	death		PLACE OF DEATH a. COUNTY		Lten	- 7 Film G381		NCE (Where deci			nce before admission
after the fi	- ω		ST	. MARY'S		MARYLAND		RYLAND	b. COUNT	ST. N	MARY 18
rs afte	rs af		b. CITY OR TOW write RURAL	N (if outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY IN 1				-	
in	20.	_	LEONAR		N /if not in h	12 DAYS			NAVAL AIR	STATIO	e. IS RESIDENCE
	nin 72			. MARY S H			727 DMEMQ	5			ON A FARM? YES NO
requires that the death certificate be executed within ding physician.		3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Month	Da	
rted w	e e e	E	(Type or print) SEX	MINTIE		VIRGIE	COLANGELO	DEATH	AUGUST	8,	
d co	remove any ev					NEVER MARRIED	8. DATE OF BIRTH	1898 9.	last birthday)	Aonths Days	AR IF UNDER 24 HRS Hours Min.
exect	n any	10a	MALE USUAL OCCUPAT	WHITE ION (Give kind of work	done 10b.		MARCH 17,		9/68 yrs.	12. CITIZE	N OF WHAT
iciar be	and in	durl	ng most of work	ing life, even If retire	d)	(IND OF BUSINESS OR NDUSTRY		ST VIRGI		U.S.A	RY?
cate be physician	0^	13.	FATHER'S NAM	E			14. MOTHER'S MA		INIA	1 0.0.	
eath certifica attending ph	remova			MAX HARTWE	LL		SINIA	7			
end i	or re			EVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 1	7. INFORMANT	1143115	Address		
e att	on, (o				2	72-30-9562A	ARS GERALDIN	E RICK	SAME AS	# 2 5	BOYE
he de	transit permit.					line for (a), (b), and (c), 1	1			IN OI	TERVAL BETWEEN NSET AND DEATH
at the ian.	cra		PART I. DE	IMMEDIATE CAUSE	(a)C	entral He	morrhage				20 Wing
The law requires that to or attending physician, ate has been signed b	burial, cremati		231 X Cenditions, If	DUE	12.	11 to	a lani.				F Mars
uire g ph	to bu		gave rise to	Immediate ((b) C/	but arm	sacrous				5 900.
requir nding p	ort		cause (a), st underlying caus	tating the DUE	(c)					0.09	
law atter has	for use as the Health prior	NO				UTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19	9. WAS AUTOPSY PERFORMED?
The or a	ealt	ICAT		Has had	2 pr	wroces carro	les of cerebr	el homo	dage		YES NO
PHYSICIAN: The law I the hospital or atten this certificate has		CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of injury in Pa	rt I or Part II of	item 18.)	
SIC hos	ache ept.					Illuny coalings, los	N 405 OF IN HID V dlama	farm 205 f	Oliv on town	(County)	(State)
OR ATTENDING PHYSICIAN: 1 be retained by the hospital DIRECTOR: After this certific	ld be detached e State Dept. o	MEDICAL	20c. TIME OF Hour a.m		Year 20d. While at wo	Not While fa	PLACE OF INJURY (Home, ctory, street, office bldg.		City or town)	(County)	(State)
NDIN ned	he S		21. I certif	y that (I) (this hos	pital) attend	led the deceased from.	July 27,	1966 to_	aug 8	, ,	that (I) (we) las
TTE	3 should with the			ceased alive on	aug-	1940, and t	hat death occurred at	SOCM, fro	m the causes a		ate stated above
OR be	× α σ σ		22a. SIGNATUI	(E		by M.	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	ange	11.8
ral may Al D	e file		22c. PHYSICIA			y sum	22d. ADDRESS	DIRECTOR C	J FRIS. LJT	4 7	
HOSPITAL Page 4 may FUNERAL D	d b		NAME (T)	P. J.	BEAN	M. D.	G	REAT MIL	LS, MARY	LAND	
TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR:	director, page should be filed	23a	BURIAL, CREM		THEREOF		ERY OR CREMATORY	. 0	CATION (City, tow		
1 1	-			1 - 1 - 1	166	ADDRESS			RYSBURG,		
\mathred{m}			FUNERAL DIRE	MATTINGLEY	1			AUG 10		Charle	
VR A15 20M 1			TO CONTINCE	THE PROPERTY	-		DATE	100 10	1000		0 0

O THANK . TO WOLLY TO A TANK TO A STATE OF THE STATE OF T E - NO COMBRAGONA Dr. May to More Hat Committee to the second contraction of the s TRACE WHITE I THE TENED TO SEE THAT IT, 1895 PAT E.S. .4.8.9 'AlXIVITY NEW To a Polis 278_30_9562A Ditte annual of the Store of the Same says Consover the survey of Many street and the SUBSECULAR CHESTON OF STREET ASSESSMENT

-14.74.

SUMTAL PERSONNEL LANGE CONTROLLER PERSONNEL CONTROLLER PERSONNEL CONTROLLER C

P. J. BENG .. D.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1860MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a STATE 0 af death. Maryland St. Mary's MARYLAND St. Mary's Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and after Kalunace (Accord Ballelloopeenocal d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs Item 18. Give Pages 1, ate Dameron, Md. YES NO X Dameron, Md. after death. Office alang with 3. NAME OF First Middle Last 4. DATE Manth Day Year with the within 7 DECEASED Thomas (Type or print) DEATH Green 66 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED Manths Haurs 58 yrs. WIDOWED DIVORCED haurs event male colored 11. BIRTHPLACE (Stote ar foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) CONSTRUCTION COUNTRY? 24 MARYLAND = any Examiner's pencil i 14. MOTHER'S MAIDEN NAME within 13. FATHER'S NAME = JERIMAH GREEN File CECELIA BISCOE and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dotes af service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address This certificate should be executed ward "pending" i the Chief Medical or removal, 220 16 4803 CHARLES C. GREEN ST. INIGOES. MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN Arteriosclerotic and hypertensive cardiovascular And DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the ward disease cremation, THETO Canditians, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying cause D burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION YES 🔀 NO please execute the certificate, to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior 3 shauld PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH its designated agent, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (Caunty) (State) foctory, street, affice bldg., etc.) While Nat While FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held an Autopsy &], Inspection [Inquiry and in my opinion deoth resulted from: Noturol couses x Suicide Homicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral 8/23/66 5 may be 1 TO FUNERAL Health or i TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** M.D. Werner U. Spitz, Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) ST. PETERS CEMETERY RIDGE, MARYLAND 25b. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR AUG 29 1966 Milanle VR A15ME (5) LEONARDTOWN, MARYLAND 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE h COUNTY ST. MARY S ST. MARY S MARYLAND MARYLANO Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b ve carbon papers. Pagevent, within 72 hours LEGNARDTOWN DAYS ABELL = e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO XX ST. MARY'S COUNTY NURSING HOME YES be executed within completely NAME DE Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 66 DAISY ELIZABETH HAYDEN AUGUST ACE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH emove 7. MARRIEO NEVER MARRIEO last birthday) | Months | Days any WIDOWEO [OIVORCED [1901 MAY FEMALE WHITE 12. CITIZEN OF WHAT = 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) sician lease r during most of working life, even if retired) COUNTRY? MARY'S COUNTY MARYLAND certificate 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME removal SUSAN R. MORGAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) JAMES E. HAYDEN ABELL MARYLAND the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN The law requires that the ONSET AND OEATH à PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed **OUE TO** G buri Conditions, If any, which (b) been gave rise to Immediate 다 DUE TO (a), stating underlying cause last. as CERTIFICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMED? this certificate NO T YES 0 PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING ached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. While Not While After ATTENDING at work at work 3 should with the P 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: M, from the sauses and on the date stated above. saw the deceased alive on and that death occurred at DATE SICHED 22b. 22a. SIGNATURE STAFF 6 OIRECTOR PHYS. may HOSPITAL ADDRESS 22d. TO FUNERAL 22c. PHYSICIAN'S be NAME (Type) DAVID MOSSMAN M.D. director, MECHANICSVILLE. MARYLAND should 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY SACRED HEART CEMETERY BURIAL Aug. 12. 1966 BUSHWOOD, MARYLAND 25a. REC'O BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VR A15 (4) 20M 1/65

START OF THE SUNAN TY CONTRACTOR THE THE Y. BOOK FIVERY, TE HTDLASIDE 1.00 YA FALLE HITS MARIE OF A BRABON Constant Marines COMMERCE, I AVOID MELL, LAYLOND MACHINELLE , MARYLAND TANDES AND SIVAL AUG. 12, 1900 SAGRED HEART DESKTERY BURNINGS; LARVEAND W. CLARKE KATTISTICY LEGINARITOWN, PARYLAND - ALLE TO CHEE

- 3	DIVISION	MAR N OF STATISTICAL RESE	YLAND STATE DEL	PARTMENT OF	F HEALTH	RAI TIMORE 1	MARYI AN	n
M	11868	3	CERTIFICAT			DALI MORE I	1180	16
	a. COUNTY			2. USUAL RESIDEN a. STATE	CE (Where deceas	ed lived, If institution b. COUNTY	: Residence befo	re admissio
d d d d d d d d d d d d d d d d d d d	ST.	MARY S	MARYLAND	MAR	YLAND	5	T. MARY	
,	b. CITY OR TOWN	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corpor	ate limits, write RUF	AL and give ne	arest tow
_	LEONARD		DOA		OAKVILLE		18-	1
1	d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			e. IS	RESIDENC A FARM?
	ST.	MARY'S HOSPITAL		MECHA	NICSVILL	.E	YES [NO
3	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
-	(Type or print)	RAYMOND		HAYDEN	DEATH	August		19 66
5	s. SEX	6. COLOR OR RACE 7. MARRIED	A HEVER MARKIED	B. DATE OF BIRTH	9. A	GE (In years IF UND ast birthday) Month		urs Mir
-	MALE	WHITE WIDOWED		JAN. 17, 1909	5	7 yrs.	200	
d	ua. USUAL OCCUPATI uring most of worki	ION (Give kind of work done lob. King life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRT HPLACE (C	county & State, or	toreign country) 12.	CITIZEN OF W	HAI
_	FARM			M	ARYLAND		U.S.A.	
ľ	3. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
_	V	VILLIAM JENKINS H	AYDEN		E MORGAN			
d	Yes, no, or unkown)	VER IN U.S. ARMED FORCES? 16. (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	No 1			ARL LOUISE	MORGAN	LOVEVILLE		
		DEATH (Enter only one cause per I	ine for (a), (b), and (c).]	A	7		ONSET A	ND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coron	ery Vari	on bo	u	14	e
	+201	DUE TO	O.L.	0 1		1. 1. 1.		
	Conditions, If a		arano	relieve	ecvo	unose		
	cause (a), st	ating the DUE TO						
N	underlying cause	e last.) (c) (C	ITING TO DEATH BUT NOT DELA	TED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PART 1	(a) 19. WAS	S AUTOPS
CEDTIEICATION	S ART II. OTHERS	TOTAL CONDITIONS SOUTHER	STATE OF THE RELA	ILD TO THE TENNINAL	DIOLEGE GOMDII	TOTAL CONTRACTOR	YES T	FORMED?
VIEW.	20a, ACCIDENT	WAS UNDERLYING [7] 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f Inlury In Part	I or Part II of Item	_	NO L
100	OR CONTRIBUTION	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)		(2000)	,,			
				CE OF INJURY (Home, f		ty or town) (i	County)	(State)
MEDICAL	Hour a.m	While	Not While facto	ry, street, office bldg.,				
3					950 to (4	1106 10	66 that 1	l) (we la
		that (I) (this hospital) attend		death occurred at	1 22	the causes and or		
	22a. SIGNATUR		1373, and that	. death occurred at	ri, mon		DATE SIGNED	
		Hoy Tu	Ther M.D	ATTENDING M	MED. DIRECTOR	STAFF PHYS.		
	22c. PHYSICIA	N/S	m.u	22d. ADDRESS				-
1	NAME (Ty	J. KOY GUYTHE	R M. D.		MECHA	NIUSVILLE,	MARYLA	ND
2	3a. BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town or	county)	(State)
	BURIAL	Aug. 9. 1966	SACRED HEAD	RT CEMETERY	Bus	HWOOD.	MARYLA	ND
	24. FUNERAL DIRE	CTOR	ADDRESS	25a. RE	C'D BY REGISTE		AR'S SIGNATUR	E
	W. CLARKE	MATTINGLEY LEON	ARDTOWN, MARYL	AND DATE	AUG 10	1866 ga	iarles)	udge
Ξ						-		U

EL PHILIP

- Date ivas

B PYRAN . TO

MANUEL DERVICE

12 [V 0]

S. Averes Automat 6, 1 66

Terres 1000 A Langue III

A CANY DE LA CONTRACTOR DE LA CONTRACTOR

THE STATE OF STATE OF

TORONAL , ILLIVIETMORDE.

CONTIAL SUB-19, 19 - CACARD FART CHATERY CHARMOD, NASKLAND

W. SENDER MATTIMELY LES MARBTONN, MARYLAND

.C. ENTYD YOU . I

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 The low requires that the death certificate be executed within 24 hours after death. signed by the attending physician ond completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages I and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY ST . o. COUNTY g. STATE ST. MARY 's MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) LEGNARDTOWN 6 DAYS HOLLYWOOD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARY 'S HOSPITAL YES NO X NAME OF 4. OATE Month Doy Year OECEASED ERNEST MCCLELLAN JOY 19 66 (Type or print) DEATH AUGUST SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED XX NEVER MARRIED last birthday) Manths Hours May 26.1897 WIOOWEO DIVORCED WHITE MALE 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? CARPENTER MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal EVERETT McCLELLAN JOY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service) 10 213-16-2043 MARY LENA JOH HOLLYWOOD. MARYLAND 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND OEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stoting the underlying couse os the prior to this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO for 20o. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) at work at wark O FUNERAL DIRECTOR: After 19 . ta . 19____, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 3 should by with the S M. fram causes and on the date stated above. , and that death occurred at saw the deceased alive on_ 22b DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. PHYS 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS JOHN F. FENWICK M. D. LEONARDTOWN. MARYLAND director, should br 23o. BURIAL CREMATION. 23b. DATE JHEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (County) (State) * REMOVAL (Specify) Bus 19 24. FUNERAL OIRECTOR 2Sg. REC'D BY REGISTRAR **ASD. REGISTRAR'S SIGNATURE** W. CLARKE MATTINGLEY 1966 Charles LEONARDTOWN, MARYLAND

17 101 Jarren a Latte , T. HAJ.REGO (a) (a) (b) (b) (b) . M. O. I. Chinaly asset Appropriate the second of the second THE WALL OF THE PARTY OF THE PA THE STATE OF THE S CORN E. CENNICE W. D.

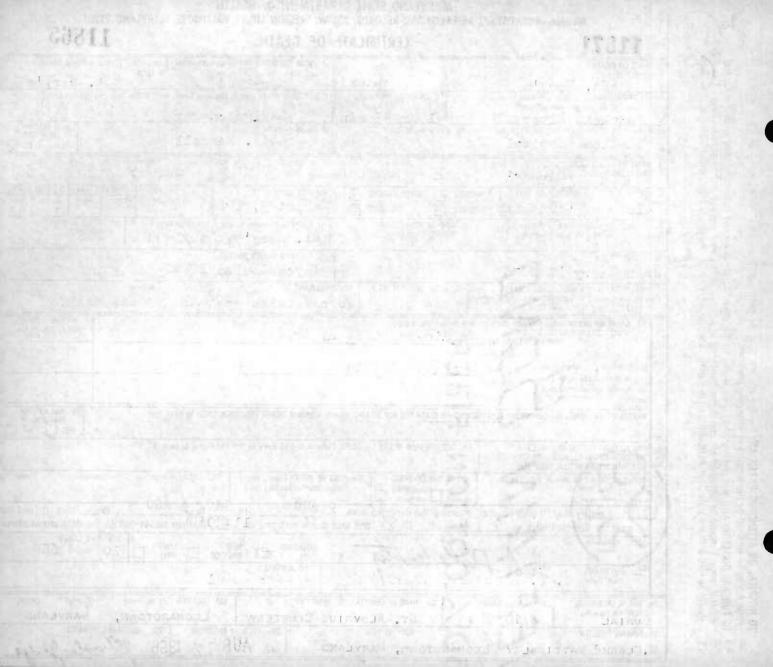
TO THE PROPERTY OF THE PROPERT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11870 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 0 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland St. Mary's St. Mary's MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)
Patuxent River c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) ve carban papers. Pag event, within 72 haurs Lexington Park 4 hr. 10 min. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled i 44 West Renell Station Hospital YES NO X Middle 3. NAME OF Twin T First Last 4. DATE Manth Day Year campletely DECEASED NEWSOME. 19 66 John Harry AUG 1.0 (Type ar print) DEATH NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED remave last birthday) Manths Days Hayrs Male Cau August 9, 1966 DIVORCED and in any WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during mast af working life, even if retired) INDUSTRY ease St. Mary's, Maryland U.S.A. attending physic permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removel, John Harry NEWSOME Joyce Louise PERRY 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no per unknawn) (If yes give war ar dates af service) NA Joyce Louise PERRY, same as # 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit Cardiorespiratory Arrest ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. signed by DUF TO Prematurity Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause certificate has been as the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar use State Dept. af Heolth NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at work L 1900 10 Aug 1906, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 9 Aug directar, page 3 shauld should be filed with the O. Aug 1 1966, and that death accurred at 07:45 M, fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE STAFF August 10, 66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Jr., LT Same as #1 NAME (Type) MC U.SN 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, BURIAL (Specify) 8/10/66 ST. ALOYSIUS CEMETERY LEONARDTOWN. MARYLAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1966 Charles AUG VR A15 (4) 20 M 1/66 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE

MARYLAND STATE DEPARTMENT OF HEALTH

apple to	A PROPERTY AND THE PROPERTY OF	140.00
0.4		
	Pitaria and Indiana (alternative)	
	the state of the s	
	Tr. Acevatus Jestices Language	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11865 CERTIFICATE OF DEATH 11871 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare odmissian) and campletely filled in by the funeral camposes Land in any event, within 72 haurs affer dea o. STATE b. COUNTY St. Mary s
b. CITY OR TOWN (If outside corporate limits, St. Mary's Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Patuxent River | 1 hr 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 1 hr 43 min Lexington Park e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 44 W. Rennell Station Hospital NO TE YES | 3. NAME OF Twin 4. DATE attending physician and campletely formit. Then please remave carban First Middle Lost Manth Day Year DECEASED NEWSOME Michael John August (Type or print) DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE A B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Hours Male Caucasian August 9, 1966 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, ar foreign cauntry) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY St. Mary's, Maryland burial, cremation, or remayair and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joyce Louise PERRY John Harry NEWSOME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, aq, ar unknawn) (If yes give war ar dates af service) Joyce Louise NEWSOME Same as #2 NA 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p TONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardio-respiratory Arrest IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Canditians, if any, which gove Premature Birth rise to immediate couse (o), DUE TO stoting the underlying cause director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City ar tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Caunty) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. Not While foctory, street, affice bldg., etc.) While of work 21. I certify that (I) (this hospital) ottended the deceased from 9 AUG AUG 19 00 19___, that (I) (we) last 19 66, and that death occurred of 1:20 M, from causes and on the date stoted above saw the deceased alive on 9 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 10 AUG 66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL Same as #1 LT MC USN NAME (Type) J 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL (Specify) 8/10/66 MARYLAND ST. ALOUSIUS CEMETERY LEONARDTOWN. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE AUG Melanles VR A15 [4] 20 M 1/66 1956 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH

11866 in the second of destabling the second of the s to the contract of the contrac Silen of the state of the little of the litt ser de la constant de myocardial Infaration - MS12 Prhomoschoolie Haart Missans Aug. 9 . Sun John V . The 37-5-8 X Labos ritown , harriend ... Bush with and the state of the And the state of the court of the contract of the state o

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 7 Film G380

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 ta PM3. Page a. COUNTY a. STATE b. COUNTY df. death. ST. MARY'S MARYLAND MARYLAND ST. MARY'S Department b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) after 8 YEARS RURAL RIDGE RURAL RIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs aminer's Office alang with farm in Item 18. Give Pages YES | NO X 24 hours after death. 3. NAME OF Middle First Last 4. DATE Manth Day Year within 72 DECEASED JOHN (Type ar print) WILLIAM ZENT AUGUST DEATH S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) WIDOWED DIVORCED MALE WHITE Nov. 17. 1896 l and 2 event 10a. USUAL OCCUPATION (Give kind af work dane KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) INDUSTRY COUNTRY? in any NDIANA CIVIL SERVICE U.S.A pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and MELVIN A. ZENT CORA L. HOWENSTONE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. or remaval. MRS MURIEL GERDES RT.5 HUNTINGTON. IND. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) certificate shauld writing the ward burial, crematian, shauld be forwarded to the Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. its designated agent, prior ta NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. may be retained far yaur FUNERAL DIRECTOR: Page While Not While factory, street, office bldg., etc.) director. Page at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection ... Inquiry 2 and in my opinion Suicide . death resulted fram: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY the funeral FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** WILLIAM D. BOYD M. D. NAME (Type) Address (Street, city, tawn, ar caunty) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) (County) BUR AL (Specify) SEPT. 1. 1966 PLEASANT CHAPEL HUNTINGTON INDI INDIANA 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Marley VR A15ME (5) W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 6M 1/66

VOSLI - - TOTAL WILLIAM TO THE PROPERTY OF THE native terms and the second se . dul , herent . . . emiliaren, linb.

design the state of the state o

Committee of the Commit